

INLAND TELEPHONE COMPANY

103 S. 2ND Street

P.O. Box 171

Roslyn, WA 98941

(509) 649-2211; (800) 462-4578

Fax (509) 649-2555

CERTIFICATION BY CUSTOMER IN ORDER TO RECEIVE FEDERAL LIFELINE SUPPORT

STATE ELIGIBILITY (Subscriber signature not required)

I certify that I am qualified through the:

- ☐ Community Action Partnership Association of Idaho (CAPAI) (Inland must receive email confirmation from CAPAI)
- ☐ Washington Department of Social and Health Services (DSHS) - Case # _____
(Must have a current Washington DSHS Case # and participate in at least one of the programs below)
- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Pregnant Women Assistance (PWA) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Aged, Blind, or Disabled (ABD) Cash Assistance |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Refugee Assistance |
| <input type="checkbox"/> Medicaid (Medical Assistance) | <input type="checkbox"/> Community Options Program Entry System (COPES) |
| <input type="checkbox"/> State Family Assistance (SFA) | <input type="checkbox"/> Chore Services |

INCOME ELIGIBILITY

- ☐ I certify that my household income is at or below 135% of the federal poverty guidelines and therefore I qualify for Lifeline Support under the federal income requirements and have provided proof of my qualifications.

FEDERAL ELIGIBILITY

I certify that I qualify for Lifeline Support and am currently participating in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- | | |
|--|---|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | |

TRIBAL LIFELINE ELIGIBILITY

Tribal Identification Number _____

I certify that I qualify for tribal Lifeline Support, as I reside on land that meets the Bureau of Indian Affairs definition of "reservation" (any federally recognized Indian tribe's reservation, Pueblo, or Colony including former reservations in Oklahoma, Alaska Native regions, and Indian Allotments) **AND** participate in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- | | |
|--|--|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Tribal Administered Temporary Assistance for Needy Families (TTANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Head Start (Income eligible) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Income Eligibility (See Income Eligibility) |

SUBSCRIBER CERTIFICATION

It is understood that by participating in the Lifeline program, the support that I receive is not actual payment to me but a discount on my monthly billed service. Participating in Lifeline does not protect me from collection procedures if I do not pay my phone bill. I fully understand that this discount, as well as the criteria for participation in the Lifeline Program, may change and I may no longer qualify, or the amount of support may increase or decrease.

As the Certifying Subscriber, I certify that, (i) the service is for me and not a member of the household; (ii) I am not listed as a dependent on someone else’s tax return; and, (iii) the service address is my primary residence. I further certify that the service that I receive from Inland Telephone Company is my main line of service and neither I nor anyone in my household receives Lifeline Support for any other telecommunications service. Further, I understand that Lifeline is a federal benefit program that provides a monthly discount on either home or mobile telephone service and **ONLY ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline Support from multiple telecommunications companies. I understand that violation of the one-per-household requirement will result in de-enrollment from the program and possible fines and imprisonment. As the Certifying Subscriber claiming income eligibility, I certify that the documentation I have provided accurately represents: (i) my household income and the number of persons in my household; or, (ii) proof of participation in an eligible program.

I certify that I will notify Inland Telephone Company within 30 days,(i) if for any reason I should no longer participate in any of the eligible programs or qualify by income, and or (ii) if I move from the address provided on this form. If my address listed above is temporary, I certify that I will verify my address to Inland Telephone Company every 90 days. I understand that if I fail to respond to an attempt to verify my address within 30 days, my Lifeline support may be terminated. I understand that if I fail to give notice as required, I am subject to penalties, including de-enrollment, being barred from the program and fines and imprisonment.

I understand that Lifeline Support is not transferrable and that I may not transfer my service to any individual, including another eligible Lifeline Support recipient. I further understand that if my service goes unused for 60 days, my service will be suspended subject to a 30 day period in which I may use the service or contact Inland Telephone Company to confirm that I want to continue receiving the service.

Further, I fully understand that in order to continue to receive this support, I must annually, or more often, certify my eligibility and provide proof of eligibility. I understand that my failure to timely re-certify will result in de-enrollment and termination of my Lifeline benefits.

I fully understand that the Lifeline Program is administered by the Universal Service Administration Company (USAC) under the guidance and authority of the Federal Communications Commission (FCC)and that all of the information that I have supplied pertaining to my eligibility will be shared with USAC and the FCC and I give my consent to do so.

I certify that the information provided on this form is true and correct to the best of my knowledge under penalty of perjury and if I have provided any misleading statements in order to receive support, I will be liable for any support received, my service may be discontinued, it may result in de-enrollment and my being barred from the program and I would be subject to state and federal fines and imprisonment.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SOCIAL SECURITY NUMBER XXX-XX-_____ DATE OF BIRTH _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

TELEPHONE NUMBER _____ NUMBER OF PERSONS IN FAMILY OR HOUSEHOLD _____

////////// BELOW - FOR OFFICIAL USE ONLY //////////

Inland Telephone Company service - Customers serving Exchange

☐ DEWATTO, WA

☐ UNIONTOWN, WA

☐ PRESCOTT, WA

☐ LENORE, ID

☐ ROSLYN, WA

☐ LEON, ID

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____

PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE _____

See Federal Poverty Guideline for a list of acceptable documentation for income eligibility.

Inland Telephone Company will keep the information contained in this form confidential, except as required by federal or state law. **ALL INFORMATION COMPLETED ON THIS FORM IS SUBJECT TO STATE AND FEDERAL PERJURY PENALTIES .**

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LIFELINE HOUSEHOLD WORKSHEET

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). **Household expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income includes** salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- 1) Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check NO if you do not have a spouse or partner)

☐ YES ☐ NO

> If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. **Only ONE** Lifeline discount is allowed per household.

> If you checked **NO**, please answer question #2.

- 2) Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent ☐ YES ☐ NO

B. An adult son or daughter ☐ YES ☐ NO

C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc..) ☐ YES ☐ NO

D. An adult roommate ☐ YES ☐ NO

E. Other ☐ YES ☐ NO

> If you checked **NO** for each statement above, you do not need to answer the remaining questions. **Please initial line B**, below, and sign and date the worksheet.

> If you checked **YES**, please answer question #3.

- 3) Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?

☐ YES ☐ NO

> If you checked **NO**, then your address includes **more than one household**. **Please initial lines A and B below**, and sign and date the worksheet.

> If you checked **YES**, then your address includes **only one household**. You **may not** sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certification below and sign and date this worksheet which must accompany your Lifeline application.

A. ☐ I certify that I live at an address occupied by multiple households.

B. ☐ I understand that violation of the one-per-household requirement is against the Federal Communications Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government.

SIGNATURE

DATE